



## REQUEST FOR ADMINISTRATIVE FORMS AND INFORMATION MATERIALS

State Form 53274 (5-07)

Early Hearing Detection & Intervention Universal Newborn Hearing Screening

Date \_\_\_\_\_  
(month/day/year)

Name of Hospital/Birthing Facility \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City, State, & Zip Code)

Name of Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please send the requested items listed below to the address indicated above.**

<b>Items</b>	<b># of Copies</b>
The Who, What, and Why of the Program ( <i>English</i> )	
The Who, What, and Why of the Program ( <i>Spanish</i> )	
Hearing Screening Certificate( <i>English</i> )	
Hearing Screening Certificate ( <i>Spanish</i> )	
What If Your Baby Needs More Hearing Tests? ( <i>English</i> )	
What If Your Baby Needs More Hearing Tests? ( <i>Spanish</i> )	
Indiana Family Resource Guide for Children with Hearing Loss	
Hospital Policy Manual	
Monthly Summary Report Form	
First Steps Referral Form	
Delta Zeta & NCHAM Sound Beginnings Video on DVD ( <i>English - 3 copies max.</i> )	
Delta Zeta & NCHAM Sound Beginnings Video on DVD ( <i>Spanish - 3 copies max.</i> )	

If you need assistance, please call 317-233-1254 or 888-815-0006.

or

Mail or fax your request to:

Indiana State Department of Health

Newborn Screening Programs

Early Hearing Detection & Intervention Program

2 North Meridian Street, 7F

Indianapolis, IN 46204

Fax: 317-234-2995

### **ISDH Office Use**

Order received \_\_\_\_\_

Order filled \_\_\_\_\_